

**Resource Discrepancies for Survivors of Intimate Partner Violence: The Effect of Different
Policies and Programs Within Ohio**

Thesis

Presented in Partial Fulfillment of the Requirements for the Bachelor in Science in Social Work
in the Honor's Program of the College of Social Work at The Ohio State University

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2018

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Abstract

Introduction/Background: As per the National Coalition Against Domestic Violence, “1 in 3 women and 1 in 4 men have been victims of [some form] of physical violence by an intimate partner within their lifetime” (2018). Domestic violence, also known as intimate partner violence (IPV), is defined as “a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship” (National Domestic Violence Hotline, 2018). IPV is a widespread, epidemic; so, professionals must advocate for these services to help combat it. Ohio House Bill 392 “extends domestic violence protection to intimate partners” (2017). This requires IPV service providers, resources, and shelters to be held responsible for serving survivors who may not be in a traditional partnership. Furthermore, the Ohio Legislative Budget for 2017, 2018, and 2019 did not allocate any funding towards IPV service providers or resources, with the exception of a couple of organizations. Without a line item in the state budget, IPV organizations may have less access to funding and resources, which may limit political advocacy and legislative change. Most existing studies focus on intersectionality’s impact on access and quality of IPV services are qualitative and use personal narratives from women who navigated the reporting system and community resources, with attention to help-seeking behaviors (Keeling et al., 2016; MacDowell & Cammett, 2016). More attention is paid to survivors’ experiences with the criminal justice system and why women will not leave a relationship, but the existing literature lacks information on the impact of policy on other domestic violence resources and services (Messing et al., 2015). Research is lacking, however, on how policies effect resource distribution throughout Ohio.

Methods: This qualitative cross-sectional study provides firsthand accounts from IPV organizations throughout the state by conducting 30-minute phone interviews. The executive director of Theresa's Fund provided the study with data on the 93 different organizations throughout Ohio's 88 counties. An online random generator picked 30 organizations, 21 of which were emailed and 9 were contacted by an online submission form. Out of those 17 that responded, 7 interviewed, 5 declined, and 5 did not respond to follow-up emails. The 7 verbally consented to a phone interview and to being recorded. The average time interviews took was 31 minutes. Participants received no compensation and could cease interviewing or skip questions at any time.

Results: After analyzing the interviews, results show that organizations were on two extremes. Some of which displayed awareness of legislation and provided policy feedback; on the other hand, others rarely following policies at the state-level and offered no policy suggestions. Organizations were also split on with some citing difficulty collaborating with other counties, whereas others claimed the opposite. Significant gaps in services include affordable housing, legal and court services, ADA compliant facilities, diverse staff, and drug treatment. The literature discussed all of those except for ADA compliancy.

Conclusion: Policy implications may include creating a line item in the state budget or levies to provide a stable source of funding so that these organizations do not need to spend precious time and resources applying for grants and funding streams and can better care for clients.

Organizations who have the time and resources to engage in advocacy better understand current state policies and their impacts. Practice implications may include recruiting and hiring diverse staff to ensure that there is representation. Practice implications may include a focus and training

on successful collaborations with other service organizations in order to lessen the gap in services mentioned.

Acknowledgements

I would like to give my highest level of thanks and gratitude to my research advisor, Dr. Bridget Freisthler, who has provided me with guidance and support throughout this process. I could not have done it without Dr. Freisthler's patience. I would also like to thank the College of Social Work for granting me the opportunity to perform this research and providing me with the funding to make it happen. Thank you to The Ohio State University.

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Chapter 1: Introduction

Prevalence of Intimate Partner Violence in the United States

According to the National Coalition Against Domestic Violence, “1 in 3 women and 1 in 4 men have been victims of [some form] of physical violence by an intimate partner within their lifetime” (2018). Domestic violence, also known as intimate partner violence (IPV), is defined as “a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship” (National Domestic Violence Hotline, 2018). Domestic violence is a widespread, yet rarely talked about epidemic found within the United States that presents an urgent public health crisis. Every day, individuals effected have pain, emotional trauma, suffering, and lower quality of life (Black et al., 2011). Furthermore, the United States sees economic decline, with costs of IPV estimated to be \$8.3 billion per year (Rothman et al., 2007). For these reasons, among others, professionals from varieties of disciplines must work to educate and advocate for survivors and seek solutions to reduce and lessen the risk of IPV.

Although men too are at risk, women in particular are at an increased risk of injury by a significant other. The National Institute of Justice found that over one-third of women admitted to the emergency room for violence-related injuries were abused by an intimate partner (2010). This issue sees no common zip code, race, sexual orientation, income, age, or education level. Interestingly enough, “it is also reported that “55% [of] male [survivors]” and “49% [of] female [survivors]” opt to not report (K. McCarthy, 2012). Many survivors of abuse are not comfortable or unable to come forward to seek assistance from formal resources, such as domestic violence organizations and law enforcement. This may be a systemic issue that is negatively impacting those vulnerable to IPV by creating additional barriers preventing them from seeking out those services. This may require a macro-level intervention, such as policy change or state-wide

cooperation. It is necessary to not only analyze best practices at a clinical-level to ensure inclusive and culturally competent quality care for all, but it is also essential to practice systems theory by analyzing macro-level and mezzo-level interventions, such as policy analysis and community coalition building, in order to discover the best policies and resources for survivors, families, and communities.

The second chapter of the paper will discuss the current state of the literature available on intimate partner violence and legislative policies. Following the literature review will be chapter three which discusses the methods of the qualitative cross-sectional study conducted. This chapter will further discuss the tools used, variables measured, and demographics of the sample population. The fourth chapter will discuss the results of the study focusing on how the data was analyzed in order to discover themes to address the study's specific aims. Chapter five will discuss any emerging themes from the study, policy and practice implications, and research moving forward.

Chapter 2: Literature Review

Federal Policies and Resources for IPV Prevention

Some of the first legislative responses to domestic violence on a federal level occurred in the 1980's. In 1984, the United States passed the Victims of Crime Act of 1984 (VOCA) as an attempt to aid survivors through alternative methods as opposed to the long-standing solution of criminal punishment. VOCA created the Office for Victims of Crime who oversee the Crime Victims Fund (Office for Victims of Crime, 2018). The fund provides financial assistance for trainings and program development in every state, all while providing assistance and resources to organizations and shelters that serve survivors of IPV. In addition to VOCA, the United States also signed the Family Violence Prevention and Services Act into law. This legislation assists survivors with prevention programs, shelter, and improving services offered by providers. Some examples of resources created by the Family Violence Prevention and Services Act of 1984 include the National Domestic Violence Hotline, Domestic Violence Prevention Enhancements and Leadership Through Alliances Program, and monetary assistance through grants (National Network to End Domestic Violence, 2018). Many domestic violence shelters and services throughout the state utilize these federal VOCA funds. As noted by the Ohio Attorney General, the state of Ohio receives \$89 million in VOCA and SVAA grants, with a third of that going towards "domestic violence" types of programs (2017).

The Violence Against Women Act (VAWA) (Title IV, sec. 40001-40703 of the Violent Crime Control and Law Enforcement Act of 1994) was a federal law passed in the United States on September 13, 1994. The act created the Department's Office on Violence Against Women and provided it with \$1.6 billion in order to federally address and respond to threats to women's safety, the STOP Formula Grant Program, coordinated community care among the criminal

justice system, and helps fund groups and organizations that assist these survivors (Modi, Palmer, & Armstrong, 2014). Since passing the VAWA, the U.S. Department of Justice notes that rates of intimate partner violence against females have declined (Catalano, 2012). VAWA is a landmark piece of federal legislation that provides oversight and funding to every state through the Office of Violence Against Women (OVW). All states receive funding through OVW, including the state of Ohio, which receives \$10.5 million for 17 programs (U.S. Department of Justice, 2017).

The United States passed the Domestic Violence Offender Gun Ban, which “disallows any person convicted of a misdemeanor domestic violence charge from purchasing or owning a firearm” (1997). This bill supports survivors by decreasing the likelihood that they will be placed in a situation where their intimate partner may use deadly force, specifically with firearms. In 2014, the United States Supreme Court heard a case that put the Domestic Violence Offender Gun Ban of 1997, which disqualifies domestic violence misdemeanor offenders from purchasing a firearm. In *United States v. Castleman* (2014), the court had to decide whether Castleman’s “misdemeanor domestic assault” constituted as a “misdemeanor crime of domestic violence” under Tennessee state law. If so, according to the Domestic Violence Offender Gun Ban, Castleman would then lose his access to a firearm by “being an individual convicted of a misdemeanor crime of domestic violence” (1997). The court unanimously ruled that it did, further strengthening the federal legislation.

Overall, domestic violence national policies are more well-known and studied throughout the literature. These policies have provided states with mandatory accountability for certain reporting and service availability for domestic violence. The passage of VOCA in 1984 created the Office for Victims of Crime, which manages funding and grants that get distributed to IPV

resources, services, and shelters. VAWA was passed ten years later as the issue of violence against women grew, creating the Office on Violence Against Women. The Office on Violence Against Women helped to provide funding and oversight to organizations who provide education, services, shelter, and other forms of assistance to women who are survivors of violence. The Domestic Violence Offender Gun Ban was passed in 1997, barring certain gun purchasers with legal backgrounds of domestic violence. These policies not only provide funding for IPV survivors, families, and communities, but they increase the safety of those populations as well. Through these federal policies and support, states have continued to create legislation and services in various communities throughout in order to deal with the widespread epidemic.

State and County-Level Policies and Resources for IPV Prevention

In 2010, there were 38 reported female homicides done by male perpetrators (Ohio Attorney General's Office). Continually, there were 70,717 calls for domestic violence incidents with "47.4 percent result[ing] in domestic violence, protection order, or consent agreement charges being filed" (Ohio Attorney General's Office, 2010). In 2017, Violence Policy Center ranked Ohio 31st of the states for highest homicide rate of women by men at 0.96 homicides per 100,000, with a total number of 57 female homicides (2017). That puts Ohio right around the halfway mark for homicide rate, a high number that has the potential to be lowered. Therefore, from 2010-2017, the overall number of female homicides committed by men, as reported by the Violence Policy Center and Ohio Attorney General's Office, increased. Also, the amount of calls increased as did the rate that those calls turned into IPV-related charges. There is no literature on what may have caused that spike nor have there been studies on how fiscal and legislative policies over those few years effected the number of female homicides. This research study can

provide insight on how some of these policies and legislative decisions may be correlated with the rise in female homicides and prevalence of domestic violence throughout the state.

In 2007, the National Network to End Domestic Violence (NNEDV) conducted their first annual census report, where they count the number of people who sought domestic violence services in a 24-hour period. In 2006, the survey found that in one day, “1,673 adults and children were served in Ohio” with 98 of them unmet due to limited resources (NNEDV). This means that 5.9% of requests made for IPV services went denied. However, in 2016, that number increased to 2,015 victims served through Ohio’s emergency shelters, housing, counseling, and other domestic violence programs with 151 requests being unmet (NNEDV). These unmet requests make up 7.5% of total requests in 2016. Of the 151 unmet requests in Ohio, 76% or 115 requests were for housing (NNEDV, 2016). Therefore, both demand and use for formal resources increased 83% over the past ten years. This may indicate increased need for services or may be a result of more inclusive and attainable services available.

Recently, Ohio House Bill 392 was passed in 2017 which “extends domestic violence protection to intimate partners” (2017). The legislation requires domestic violence service providers, resources, and shelters to serve survivors in all types of intimate relationships, even those who may not be in a traditional partnership such as a gay or lesbian couple.

Implementation and executing this legislation may lead to potential pushback or challenges in more rural counties in Ohio. This may be the result of more conservative ideology from rural populations who may not agree with or support LGBTQ couples and thus may deny services as a loophole if they are unmarried (Rural Health Information Hub, 2017). This discrimination can be further confirmed in the Gay, Lesbian & Straight Education Network report which found that “94% of rural LGBT students heard homophobic language at school” and “9 in 10 rural LGBTQ

students had been verbally harassed (Palmer, Kosciw & Bartkiewicz, 2012). Therefore, this marginalization may translate to other services such as IPV shelters and services. Furthermore, the Ohio Legislative Budget for 2017, 2018, and 2019 did not allocate any funding towards domestic violence service providers or resources, with the exception of a few individual organizations. Without a line item from the state budget, the service providers have less access to funding and resources to assist survivors, but there also may be potentially more survivors seeking services due to this expanded definition of domestic violence as well. This study will be able to tell firsthand if this has presented a problem leading to a gap in services in certain parts or the entire state.

It is also important to assess if staff retention and consistent rehiring may be a factor in providing high quality services to clients because if an organization is constantly retraining staff, they may not be as likely to participate in advocacy and policy work since employees may or not be there long enough to do so (Buchan, 2010). It is important to understand what type of accountability organizations' funding streams have as well in regard to educating the organizations receiving these grants and whether or not these educational opportunities are seen as a resource or a burden for organizations. Funding can also effect staff resources and hiring practices.

Help-Seeking Behaviors Within IPV Survivors

Studies about intimate partner violence in clinical settings and direct care are emerging, specifically with a focus on the experience of specific demographic groups such as immigrants, people of color, rural populations, and non-English groups (Eunha & Hogge, 2015; Yoshioka et al., 2003; Murray et al., 2015; Keeling et al., 2016; Gilroy et al., 2014; Fanslow & Robinson 2010; MacDowell & Cammett, 2016; Busby, Koshan & Wiegers, 2008). Merriam-Webster dictionary

defines intersectionality as, “The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups (2018). Most studies focus on intersectionality’s impact on access and quality of IPV services are qualitative and use personal narratives from women who navigated the reporting system and community resources, with attention to help-seeking behaviors (Keeling et al., 2016; Fanslow & Robinson, 2010; MacDowell & Cammett, 2016). By obtaining firsthand narratives, researchers have been able to discover themes within certain demographic groups’ experiences working with formal IPV resources, resulting in policy and practice implications and recommendations for accessible services. One of those themes discovered is specific minority groups, such as Asian Americans, African Americans, immigrants, refugees, and Latinas, viewed formal resources as lacking cultural understanding and sensitivity (Eunha & Hogg, 2015; Murray et al., 2015; Keeling, Smith & Fisher, 2016; Gilroy et al., 2014; MacDowell & Cammett, 2016; Anyikwa, 2015). Cultural sensitivity or cultural competency is defined as “the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients (Betancourt, Green & Carrillo, 2002). Culturally competent services are important so that clients do not feel misunderstood, isolated, or judged.

Despite the availability of research focused on engagement strategies and cultural competency when working with specific populations in a practice setting, research is scarcer on examining the connection between state and county-level policies and how they impact services and delivery for shelters and resources that provide help for those experiencing IPV (Messing et al., 2015). These impacts could potentially help or hinder IPV organizations’ abilities to provide services for survivors, which may result in consequences for those relying on those services and

shelter. Fanslow and Robinson (2010) look at the state of literature in regard to historical responses to victims and whether the responses were in best practice. The two conclude that most studies that focus on these responses contain “highly selected samples” and examine “specific aspects of help-seeking behaviors”, such as a woman’s decision to leave the relationship, for specific marginalized or minority populations (Franslow & Robinson, 2010). The available research was limited but they concluded suggest that “women’s efforts to seek help are influenced by the woman’s personal appraisal of the violence” along with skills, social capital, the phase of the relationship, and support systems (Franslow & Robins, 2010). Highly selected samples indicate that most of the research focused on a specific group’s experience obtaining care for IPV in regard to legal services, which may leave out populations that already face stigma and fear when using these resources. Therefore, the data is available but limited in regard to the scope of the study. Most other studies also focus on specific cultural groups, such as Asian American women’s experiences navigating IPV-related formal resources and the difficulties they faced from a lack of cultural understanding (Eunha & Hogge, 2015).

Over the past few years, there has been specific attention and media on law enforcement’s treatment of minority groups such as African Americans, immigrants, non-English speakers, undocumented citizens, Latinx/Hispanics, and LGBTQ communities. For example, Black Lives Matter organization drew awareness to the treatment of black men in America by law enforcement. As a result, Messing et al. notes that more attention has been paid to survivors’ experiences with the criminal justice system and specifically why women will not leave a relationship, but the existing literature lacks information on the impact of policy on other domestic violence resources and services (2015). These studies focus specifically on self-help behaviors and the reasons for why survivors chose to or not to use formal resources, such as law

enforcement. In the New Zealand study, researchers found that “informal sources of support were most frequently told about the violence, while fewer women told formal sources of help” and reported not receiving much help (Fanslow & Robinson, 2010). This may be partly explained by the existing literature which show survivors repeatedly cite both mistrust with law enforcement and lack of culturally informed services a barrier since many services emphasize an ethnocentric perspective valuing individualism (Eunha & Hogge, 2015; Murray et al., 2015; Keeling et al., 2016; Gilroy et al., 2014; Fanslow & Robinson 2010; MacDowell & Cammett, 2016).

No two family or household systems function the same way and it is important to educate professionals about the various populations they may encounter, barriers and challenges clients face when receiving care, and the best engagement strategies to establish trust and comfort with the survivor in order to best assist them. Asian Americans, for example, culturally promote more of a collectivist community which “often encourage women to remain in abusive relationships” and view IPV as a “private problem to be resolved within the family” (Eunha & Hogge, 2015). The fear of shaming or disappointing one’s family results in many Asian American survivors to not seek out formal and rarely informal resources. Surprisingly though when a study compared females who were African American, South Asian, and Hispanic, the researchers found that it was not Asian Americans but that “African Americans are the least among the group to disclose to family members” about abuse (Yoshioka et. al, 2003). The African American community, like Asian America communities, value a form of collectivism and connectivity within their communities.

With the increases in ICE deportations and proposed travel bans, immigrants and refugees are currently the source of a political controversy, causing many of which to fear for their future

in the United States. In Ohio specifically, the majority of immigrants came from “India (12.4%), Mexico (8.7%), China (7.1%), Germany (3.5%), and Canada (3.2 percent)” (American Immigration Council, 2017). Documentation status is an identifier that is central to current American politics and culture. With the rise of xenophobia and increased calls to tighten immigration, these populations may not seek out services for fear of deportation or from past negative experiences with service providers; thus, the specific number of instances of IPV remain unknown (Busby, Koshan & Wieggers, 2008). Refugees and immigrants face some overlapping forms of discrimination such as being a non-English speaker; however, refugees also have been displaced from their country, many of which fled from war-torn countries. This displacement and trauma is an additional cultural consideration for this population. Additionally, their unfamiliarity with a new country may lead them to not seeking help for their exploitation for fear of punishment or further displacement.

The Department of State notes that from 2017-2018, Ohio welcomed refugees from Bhutan (69.2%), Democratic Republic of Congo (14.9%), Ukraine (5.5%), Eritrea (3.5%), and Burma (1.5%). Many of these countries have rules, social structures, and leaders that may shy survivors from seeking formal resources. For example, the Family Violence Prevention Fund held a group activity where they invited police to come and talk to immigrant and refugee women in order to form positive relationships with these groups of women in hopes that it would help reduce feelings of discomfort and a lack of trust with police enforcement. The findings note that “especially in the Middle Eastern community, women were tortured, and witnessed torture by the hands of the police”, so it helped them to speak with police and learn that they do not police the same way as police do in their home countries (2009). Cultural differences and lack of knowledge of American legislation can account for an immigrant and refugee survivors’ lack of

comprehensive understanding about options available to them. Additionally, the Office on Women's Health reports that immigrants and refugees are not as comfortable seeking services because they may be "humiliated by their community, taught that family duty comes first, accused of losing their background and culture, lied to about deportation, told that in the United States a woman must obey her husband" (2017). So, immigrant and refugee populations may be hesitant to utilize formal resources related to IPV, resulting in increased barriers for these populations.

Barriers to Obtaining IPV Services

As evidenced by Peek-Asa et al., shelter services are only available in 44% of rural areas (2011). Not only is the population sparser and the resources are less, but they are more geographically spread out as well. For example, The U.S. Department of Justice's Office for Victims of Crimes surveyed and found that it took police officers and other emergency services 20-30 minutes on average to arrive at the rural homes once their emergency presence was requested (2005). Especially in rural areas, access to transportation can be difficult, especially when distances to services is wider and public transportation is limited (Rural Health Information Hub, 2017). Continually, transportation can be even more difficult to access due to poor weather and road conditions, both of which are common throughout Ohio (Miller, Clark, & Herman, 2007). This may also be a barrier for people with disabilities or limited mobility as well. Furthermore, women in abusive relationships may have transportation services controlled by their abuser which can include limited or no access to public transportation or suspension from driving (Grama, 2000). In rural areas, this problem is magnified due to the scarcity of resources in spread-out communities.

Another reason for survivors of IPV to not seek out services may be because of behavioral health concerns, such as mental illnesses and substance abuse or other addictions (Soper, 2014). The overlap between IPV, substance abuse, and mental health are high yet there is a lack of proper education and techniques about how to competently assist with all three of the presenting problems. Mason and O'Rinn found that "as many as 50% of women in mental health and between 25% and 50% of women in substance abuse treatment programs report IPV" and that the interviewed "frontline workers in all three areas "state they lack the training to address these co-occurring problems" (2014). Since research shows that the three presenting problems overlap often, it is necessary to understand and be trained to work with and assist those who not only have one of these problems, but multiple. By increasing opportunities for education and training, organizations may be able to provide higher quality services with more accessible resources available.

Continually, literature has shown barriers for some survivors trying to access services and shelters along with families and children, especially adolescent male sons, because some organizations may have policies that only allow women or children under a certain age. According to Theresa's List, some shelters "may only take male children under a certain age- usually the limit is somewhere between 12 and 18" (2018).

Very few studies analyze the interplay that IPV and affordable housing access have on one another (Rollins et al., 2012). In 2011, a study found the levels of need to be high for housing and financial assistance for those survivors who called the police, with survivors perceiving those resources as critical needs for their safety (Dichter et al.). Prior to the 2008 recession, there were already problems associated with the lack of affordable housing. After the recession, the gap for accessing affordable housing widened as the unemployment rate dramatically increased

and more people sought out those services. As a result, there are not enough affordable housing options within communities for survivors who may be in danger (National Network to End Domestic Violence, 2010). On top of that, survivors have reported that their own “rental, credit and/or criminal histories exclude them from housing services”, sometimes as a result of their abuser creating another gap in services for survivor populations.

Study Aims

The study seeks to answer the following aims:

1. How do policies and resources in Ohio, specifically state-level, effect services offered by IPV organizations?
2. What are the barriers present for survivors when accessing IPV shelters and their services and how they can be more inclusive and accessible for all who wish to use them?
3. How do policies and resources in Ohio, specifically county-level, effect services offered by the IPV organizations?

Chapter 3: Procedures

Research Design

This qualitative cross-sectional study provides firsthand accounts of executive directors from IPV organizations throughout the state of Ohio. The executive director of Theresa's Fund (domesticshelters.org) provided the study with data about the different domestic violence organizations and shelters throughout Ohio. There are 93 different organizations throughout the state of Ohio that were identified in the data set provided by Theresa's Fund. The data set was used to develop a sample and assist with recruitment efforts. Executive directors of these organizations participated in 30-minute phone interviews where they were asked a series of 22 questions. The average length of time of the interviews was 31 minutes.

Sample

The data set provided by the executive director of Theresa's Fund was used to pick a sample out of a pool of 93 different IPV organizations and shelters. The data set consists of information such as each organization's location, populations served, services provided, number of beds, wheel-chair accessibility, counties served, and languages served.

From there, each domestic violence service provider was then assigned a number according to the order they were in on the data spreadsheet. Next, 30 out of the 93 were selected using an online random number generator. After careful consideration, the study decided to reach out to the 30 selected organizations by email because many of the organizations only provided a hotline number or lacked any contact number for staff. Additionally, organizations like these

tend to be understaffed and the study did not want to distract workers from serving those in need. By sending an invite to participate through email, organizations could then respond when they had time. Each of the thirty organization's email contacts were obtained. Nine of them did not have an email contact and instead used online contact submission forms to contact them for participation.

Each of the thirty organizations were then contacted using the approved script. The intent was to seek interest in participation. Out of the 30 that were contacted, 17 responded. Of those 17 that responded, 7 agreed to interview, 5 declined to interview, and 5 did not respond after further contact. The reasons for not participating as stated by most of the 5 who declined included a lack of time, staff, or resources to participate in the study.

The 7 organizations interviewed were located in Franklin County, Lorain County, Cuyahoga County, Athens County, Hancock County, Allen County, and Marion County, Ohio. The organization in Marion County also serves clients from Crawford County, Morrow County, Delaware County, Union County, and Wyandot County. The organization in Allen County also serves residents of Hardin County. Continually, the organization in Athens County also serves residents of Hocking and Vinton counties. Lastly, the shelter in Hancock County also serves Seneca, Wood, Putnam, Allen, Hardin, and Wyandot counties. All and all, there are 18 out of 88 counties represented in this study.

Data Collection Procedures

The authors were granted approval and permission from the Institutional Review Board of The Ohio State University for Behavioral and Social Sciences through expedited review. The data from Theresa's Fund is publicly shared data and was provided personally by the executive director for recruitment purposes for the study.

Those interested then consented to a thirty-minute phone interview where they were asked a series of 22 questions. Participants were able to cease the interview or not answer a question at any time. The interview was recorded on QuickTime player with coded names to protect confidentiality and remain anonymous. The files are password protected and printed information was locked away in a filing cabinet. The interviews were then transcribed and coded for themes.

Interview Questionnaire

The approved 22-question questionnaire possessed questions focused on barriers for survivors accessing the organizations, state-level funding and resources, or county-level funding and resources. The questions were mostly open-ended questions with a few close-ended questions. The three different categories relate to the study's aims and focus on either the organization's day-to-day operations, county-level policies, and state-level policies.

Questions about their day-to-day operations included questions about clients, services, staff, funding, training, and areas of strengths and growth. Examples of these questions included, "How many full and part-time staff are at your organization?" and "What does your organization do well for your clients?". Continually, questions regarding county-level policies inquired about collaborations within the county and gaps in services, for example. An example of these questions includes, "What are some gaps in services seen in your county?". Lastly, the questions about state-level policies focused on HB 392, the state budget, and collaborations between counties. Specifically, participants were asked, "What legislative changes could be made so that your organization can better serve its clients?".

Measures

Barriers to Survivors

The second aim of this study is to see which barriers, if any, are currently present for clients trying to access services currently available through IPV organizations and shelters. In order to understand the barriers, it is essential to first understand the types of populations that are currently being served at the various organizations and how that relates to the demographic of the community and county. Therefore, organizations were asked, “Who would the demographics of the typical client served at your shelter look like? If there is not a typical client, what is the range of clients served?”. This question allows the study to hopefully measure demographic information on race, gender, socioeconomic status, ethnicity, sexual orientation, age, and immigration status. Other emerging themes for demographic information outside of those categories can then be recorded in order to better understand the populations served.

Organizations were asked questions about staffing in order to measure whether or not the staff at these Ohio IPV organizations may present barriers as well. The third question found on the questionnaire assessed the demographics of the staff in order to see if they reflect the demographics of the clients served. This question was asked in order to see if the number of staff could potentially be a barrier for receiving services. This question also helps the study to better understand the range of services deployed by each organization and the impact that they can have according to the resources provided for them.

Management and organizational structure can play a large role on how employees are trained and educated to provide services for clients. So, executive directors were also asked, “What is the average number of years your staff stay at your shelter?”. As literature has shown, education is a vital tool for promoting and educating others about cultural competency, gaps in services, trauma-informed care, and legislative literacy. Organizations may also provide services that may require various levels of education so it is important to see what type of staff resources

and training are available to educate staff. The Ohio Domestic Violence Network was also added as a preset code since it is an associative entity for these different organizations throughout the state and assists them on policy and legislative endeavors and therefore may be a source of education. Lastly, the questionnaire mentions staff when question 15 asks, “Are staff aware of budget changes that can affect organizations that provide domestic violence services?”. This question was asked to measure communication within the organization to see if their communication and leadership structure may present additional barriers in itself for serving community members. Also, there may be a potential correlation between communication with staff and retention rates or advocacy efforts by the organization.

Within the set of questions assessing barriers for clients, the organizations were asked about their services and accommodations. This was done to see if there are any special populations or minority groups that organizations may unintentionally see barriers due to lack of services provided by the participating organizations. Questions 6 and 7 asked organizations about their strengths and weaknesses as an organization in order to see where gaps may be in the organization and county and to see where organizations are doing well with services. This open-ended question allows the directors to discuss freely. Next, the study asked organizations about services or policies to assist non-English speakers, those with complex medical need, and children brought with survivors to the organization. One question asked, “What if a client does not speak English? Can/does your shelter serve them? What tools are included?”. This question specifically seeks to understand if the organization serves non-English speakers and if so what tools and services they have in place to accommodate them. Many pieces of literature cite translation services as a barrier to accessing formal services, so this question was asked to see if this is a common barrier in Ohio’s IPV organizations. This is also very relevant in Ohio due to

the numerous minority, refugee, and immigrant communities found throughout the state. Next, question 10 asks, “What if a client has complex medical need? Can/does your shelter serve them? What tools are included?”. This question was asked to assess whether or not there are ADA-compliant facilities and whether or not there are services for older adults or persons with disabilities since this is another group often left out of services. Questions were also asked to assess whether or not family accommodations or child care may provide a barrier for survivors trying to obtain shelter or services.

The final two set of questions to assess for barriers are regarding funding for the organization and to assess which kind of financial support the organization receives and where their fiscal priorities are. For example, question 22 asked, “What are your main sources of funding?”. The reason for this question is to measure which sources fund these IPV organizations throughout the state of Ohio. Lastly, there are opportunities for certain service providers to file for mental health funding or Medicaid depending on their range of services. Therefore, the preset codes included “foundations”, “VOCA”, “mental health”, “Medicaid”, and “no state funding”. Lastly, question 12 asks, “If someone were to donate a large amount of money to your organization, what would you put that money towards?”. This question is multifaceted and may reveal barriers within the organization and its services, gaps in services in the community, or how the state may or may not influence funding and expenditures.

County-Level Policies and Resources

As mentioned in above, question 22 which asks about sources of funding is also measured for county-level policies and resources. The reason for this is because some organizations may receive funding from community organizations or private foundations from their county. They may also receive other county funding that may become an emergent code.

Another question relating to funding is question 18 which asks, “What legislative changes could be made so that your shelter can better service its clients?”. This question relates to county-level policies and resources because there may be legislative changes on the county-level such as creating a tax or levy that can assist these organizations.

The next set of questions that measure county-level policies focus on collaborative efforts within the county. For example, question 19 asks, “Does your shelter collaborate with other shelters or organizations in the community? What do these collaborative efforts look like?”. This question measures whether or not the organization has a relationship with other service providers in the community which may reduce or increase gaps in services in the county. The follow-up question to this is, “Are there other shelters or services you refer clients to more than others? What are reasons for this?”. This allows the organizations to expand further on their closest collaborations and service referrals that may address gaps within the county for services such as “resource referral”, “housing”, “food”, “mental health”, “job training”, “education”, and “drug treatment” as are common needs by survivors of IPV according to the literature; therefore, these predicted responses were used as preset codes.

The last set of questions has to do with legislative or service gaps within the county and advocacy efforts taken on by the organization. Question 8 asks, “Are there gaps in domestic services in your county? If so, what are those gaps?”. This question allows participants to discuss services and resources that may hinder some of their client base. Also, some additional services that relate to this population may be potential responses, so the rest of the preset codes are “drug and alcohol services”, “mental health services”, “legal/court assistance”, and “ADA accessibility”. The last question is open-ended and focuses on advocacy on any level, whether mezzo or macro; it asks, “What advocacy and/or legislative work does your shelter engage in, if

at all?”. The predicted responses to this question include, “Ohio Domestic Violence Network”, “none/do not participate”, “sometimes participate”, and “no response”. As the associative body, ODVN advocates for their member IPV organizations; therefore, it can be predicted that organizations may utilize ODVN as a resource to perform advocacy work. It is also very possible that organizations do not want to answer any questions about politics and choose not to respond. They may also state that they do not or sometimes participate. This question allows organizations to respond to either county or state-level policies and services.

State-level policies and programs

The first set of questions that focus on the state-level include questions about collaborations and resources. Question 22 as mentioned above may mention funding or the lack thereof that they receive from the state and macro levels. Additionally, question 21 asks, “Is there collaboration between counties?”. This question analyzes communication and services provided throughout the state. The preset codes are “yes”, “no”, “occasionally”, “unsure”, and “no response”.

The next set of questions focus on specific state-level policies such as HB 392 and the 2018-2019 Ohio Legislative Budget. This allows the researcher to measure organizations’ knowledge about policies, programs, and funding on a state-level. This is relevant and may influence an organization’s willingness to participate in advocacy efforts. The questions ask, “How has Ohio HB 392 been implemented on the ground? Specifically, at your organization?” and “What are some of the strengths and weaknesses about the 2018-2019 Ohio Legislative budget as it applies to shelters that provide domestic services?”. Additionally, question 16 as mentioned previously may also result in responses that include advocacy and legislative work on a state-level as well. Question 18 also applies to measuring state-level policies and programs

because the responses may include feedback about legislative changes at the state-level. Lastly, question 13 asks, “Do you follow current policies in the Ohio Statehouse?”. This question allows the researcher to also measure organizations’ knowledge about policies, programs, and funding on a state-level and assess whether or not this may be a barrier for organizations who do not participate in advocacy and policy events.

Data Analysis

After each question received preset codes according to hypothesized responses indicated by the literature, each transcribed interview was analyzed for responses to each question. Each participant’s responses were taken directly as quotes and placed according to which preset codes they discussed. If the interviewer mentioned an important point or theme that is not in the preset codes, it is added underneath as an emerging code. Most questions had 3-8 emerging codes. The process was repeated for each question until every interview had been coded for themes.

In order to ensure accuracy with a qualitative study and that responses were not cherry-picked, a peer also coded the second question for all of the interviews without assistance. The percent agreement was found by dividing the number of similar coding responses by the total number of unique codes, totaling 81.25%. Therefore, the peer pulled most of the same data that the interviewer pulled, helping to ensure validity and accuracy.

Chapter 4: Results

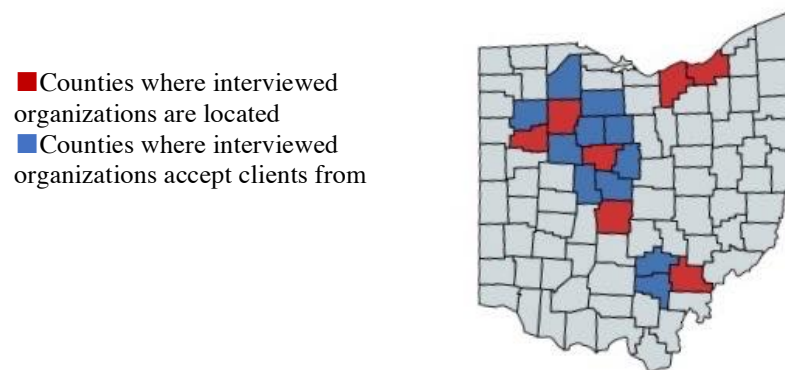
Demographics of the Sample/Descriptive Statistics

Seven total IPV organizations and shelters agreed to participate in the study. The organizations are located in Franklin, Lorain, Marion, Hancock, Allen, Cuyahoga, and Athens counties in Ohio. Therefore, three organizations are in northwestern Ohio, two organizations are in northeastern Ohio, one organization is in central Ohio, and one organization is in southeastern Ohio. Areas not represented include southwestern and eastern Ohio. Four out of the seven organizations serve surrounding counties such as Crawford, Morrow, Delaware, Union, Hocking, Vinton, Seneca, Wood, Putnam, Hardin, and Wyandot counties. Most of the counties represented in the data are in the northwest part of the state with a few being in the central, northeastern, and southeastern parts of the state. This totals out to be 18 counties out of 88 represented in this survey, making 20% of the Ohio counties accounted for.

Four out of the seven organization were classified according to the dataset from Theresa's Fund as suburban, while two identified as urban and one rural. Four out of the seven organizations identified rural populations as one that they serve while three out of four organizations served those who are disabled and those in the military. Three organizations identified serving LGBTQ populations, while the data showed two organizations specifically mentioned deaf, developmentally disabled, immigrant, trafficked persons, and prostituted persons as populations that they serve. Each organization's number of beds disclosed on the dataset varied from 8, 10, and 50. Four out of the seven organizations marked their facilities as not wheelchair accessible. Three out of the seven organizations indicated that IPV services are their primary focus when providing services in that they are an IPV-focused organization, while four out of the seven indicated that although they serve and provide services to these populations,

that is not the organization's primary purpose. Only one organization provided services in languages besides English with Spanish and sign language listed. Two out of the seven organizations did not provide data on services they provide. Five of the organizations indicates that they provide emergency shelter. Two organizations indicated more than twelve services provided.

Figure 1: Ohio Counties Served by Organizations Participating in Study



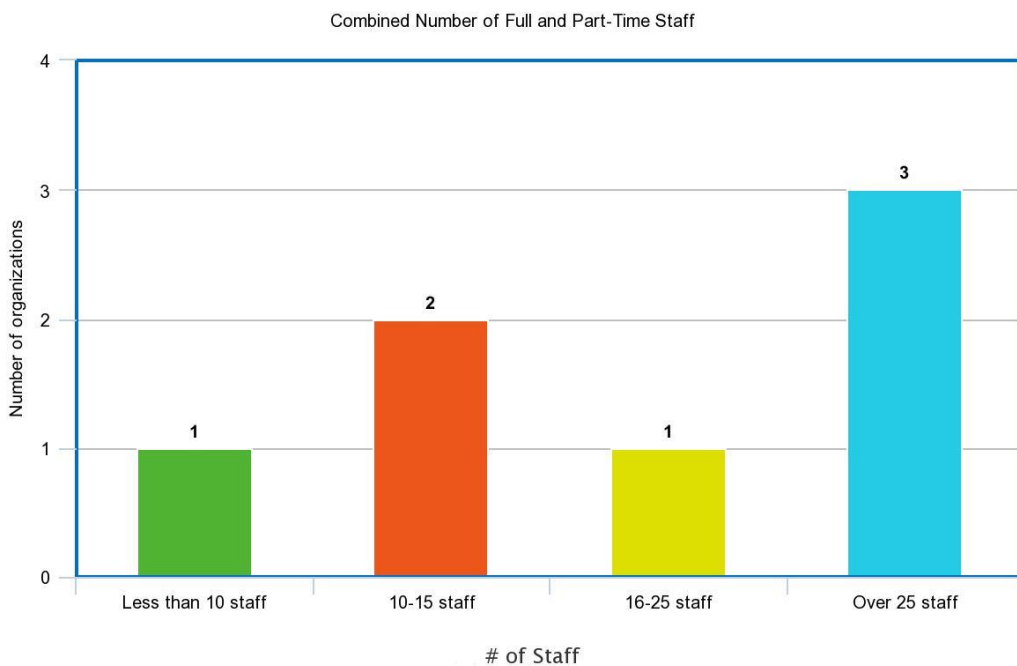
Clients Served

All of the interviewees were asked the following question, “Who would be the typical client served at your shelter? If there is not a typical client, what is the range of clients served?”. Out of the 7 organizations interviewed, 6 indicated that most of the clients that they serve are white. The only one that did not indicate a mostly white population is due to their focus on Asian American populations, specifically. The next most common demographic, as indicated by 3 participants, included African American/black populations. Only one organization specifically mentioned working with LGBTQ or Hispanic populations as a specific response to this question, indicating that these organizations do not work often with these populations. In addition to race, almost all of the organizations interviewed included those from lower socioeconomic statuses. As one organization noted, “She is probably going to be in poverty. She’s probably going to be

receiving some TANF benefits”. Additionally, 3 organizations specifically mentioned working with younger adults while 2 specifically mentioned working with older adults. Interestingly, 5 out of the 7 organizations also mentioned serving men while every organization mentioned serving women and families. Only one organization identified refugees, immigrants, and undocumented persons as typical recipients of their services. An emergent theme from most responses to this question were that there are diverse clients from a variety of backgrounds.

Staff and Volunteers

The second question asked to participants was to better understand the size of their organization’s staff and volunteers. The first part of the question asked, “How many full and part-time staff do you have?”. The chart below shows the following responses:



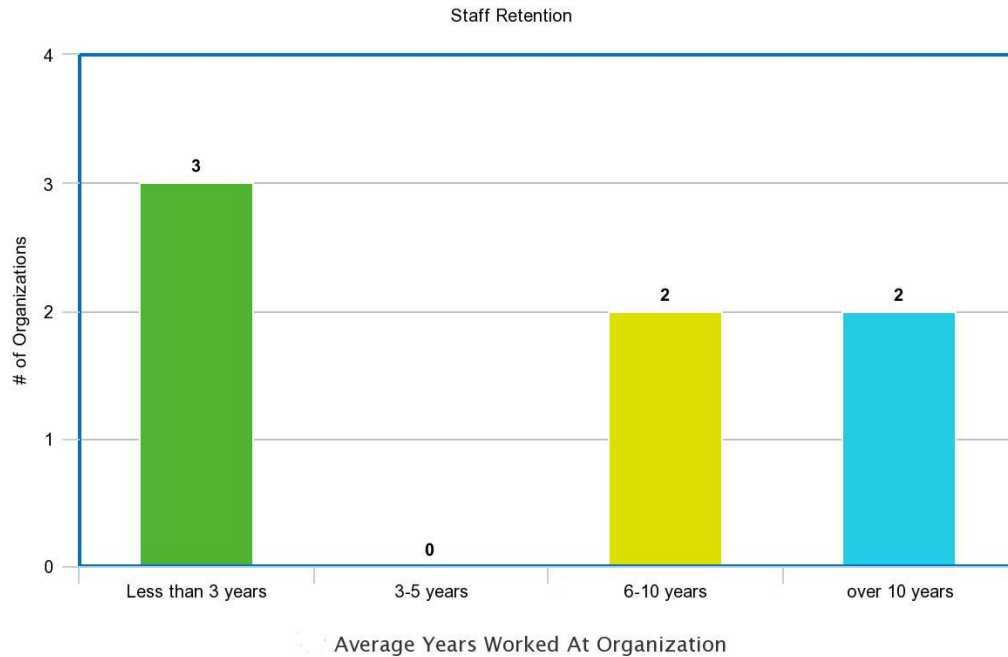
The second part asked about the number of volunteers. Two of the organizations indicated that they had over 25 volunteers, while two others indicated 10 volunteers. The other three organizations did not provide specific numbers and discussed how their volunteer base is not

consistent or does not provide direct services. Some organizations indicated increased volunteerism during holidays with interest accruing “either in October during Domestic Violence Month” or “around Christmas time to help with yardwork”.

The third question asked organizations, “What is the demographic of your staff?”. The responses to this question varied, but 4 of the organizations had at least 50% Caucasian or higher, with 3 indicating that their staff is mostly white. Two organizations indicated having an Asian person on staff. Two organizations also indicated having African American or black people as part of their staff. Only one organization identified an LGBTQ member on staff. Every organization indicated that majority, if not all, of the staff are women. The two organizations that mentioned the age of their staff did so to highlight their vast age ranges, employing both younger and older adults. Two of the organizations discussed having bilingual staff. One organization mentioned employing immigrants and one organization identified the employees as coming from the area.

Organizational Management/Structure

The fourth and fifth questions in the interview were crafted to better understand how the management, organizational structure, and staff opportunities may impact the overall strength of the organization. These questions specifically focus on retention and education and trainings in order to better understand which resources and education are provided to staff and whether or not the organization has steady staff or spend much of their time and resources training new hires. The fourth question asks, “What is the average number of years your staff stay at your shelter?”. Although each organization identified certain outliers such as “I have an employee who has been here 12 years”, most organizations reported the following staff retention:



The wide variety is interesting, with most organizations indicating a high turnover rate of less than 3 years average per employee.

The fifth question asked executive directors, “What type of training or education do you have for staff? How about for volunteers?”. According to the programs and literature available, pre-coded responses included “trauma-informed care”, “lethality assessment training”, “CPR/first aid”, “cultural competency training”, “state-required training”, “drug and alcohol training”, and “mental health training”. Only one organization specifically noted a college degree at a bachelor’s level as preferred for employment. Two of the organizations specifically mentioned trauma-informed care. One organization specifically mentioned lethality assessment training, specifically. Two organizations discussed their education on CPR and emergency first aid. The training and education topic that most organizations mentioned were cultural competency training, with 3 organizations specifically mentioning the term “cultural competency” in response to this question. Two organizations mentioned trainings that they had

to do as required through the state either as part of receiving funding or being some sort of designated service provider. For example, one respondent noted, “Part of the headache of being a mental health agency is that we are licensed through Ohio Mental Health and Addiction Services” which requires “a long list of training like cultural competency, health safety, confidentiality, ethics, abuse and neglect, nonviolence practices, CPR, and first aid”. Three organizations identified trainings for mental health and three also identified education on drug and alcohol abuse.

The fifth question also evoked some emergent themes that were not included in the preset codes. These included vague responses, partnering with other organizations, Ohio Advocate Network, and the Ohio Domestic Violence Network. Some organizations did not provide specific types of education and trainings and instead provided vague responses such as, “We provide task and program-specific trainings for our staff within and across departments. We also do encourage staff development through providing opportunities for staff to attend different conferences and training outside of the organization”. Two organizations specifically mentioned the Ohio Domestic Violence Network as a resource to them for providing training and education opportunities. Three organizations mentioned working with other organizations such as a faith-based organization in town, trainings on homelessness by staff at the local homeless shelter, along with cross-training from other organizations. Lastly, one organization mentioned the Ohio Advocate Network and how their staff are required to become registered advocates in the state of Ohio which requires “40 hours of training” through the Attorney General’s Office.

Organizational Services and Programs

Questions 6, 7, 9, 10, 11, and 12 help to obtain more information about the diversity and accessibility of services and programs offered at each organization. Questions 6 and 7 focus on

the strengths and weakness of each organization in order to assess for any gaps or barriers in services for clients or the organization. Questions 9, 10, and 11 refer to specific scenarios that may occur with clients seeking services for IPV and whether or not the organization has protocol and tools in place to deal with those clients from specific populations. Lastly, question 12 further assesses gaps and barriers in services for the organization and the clients it serves.

The sixth question asks organizations, “What does your shelter do well for your clients?”. The most common responses included three different organizations for either advocacy, wrap-around services, or trauma-informed care. Due to the nature of IPV, many clients also face issues including housing security, job security, drug and alcohol dependency, financial hardship, and abuse. Therefore, some of the organizations interviewed acknowledged the width of their scope and discussed how they are referred if someone is outside of that scope. For example, one organization stated, “We help get them in contact with professionals that can get them help whether that’s mental health, healthcare, if they need help applying for social security, food stamps, we will refer them out to a professional that does that for a living”.

Question 7 asks interviewees, “What could your shelter improve on?”. The pre-coded responses included gaps indicated in the literature such as “transportation”, “culturally competent services”, and “high quality services. However, the most common response, as indicated by 3 organizations interviewed, included the overall state and functionality of the facility. One organization indicates this issue by noting, “We are not fully handicapped accessible. Our house is old, we don’t have a kitchen that’s accessible to someone in a wheel chair. So, I think that is a big gap”. The next most common response focused on cooperative efforts with law enforcement. Some organizations indicated the lack of communication and overall difficulty working with law enforcement and other government agencies in and between counties. One organization

summarized the issue by saying, “There is definitely a lack of interpretation by law enforcement and some social service agencies”.

The next question asks, “What if a client does not speak English? Can/does your shelter serve them? What tools are included?”. Some predicted responses for accommodations and resources of non-English speakers included “no translation services”, “computer translation services”, “bilingual staff”, and “translator/interpreter”. Two organizations indicated that they utilize computer translation services, with one of which solely relying on it for translation needs. The amount of languages resources and the frequency they were used varied per organization with one indicating, “We use Google translate which is really helpful for the survivor and the advocate”. On the other hand, another organization that works with non-English speakers more frequently noted, “If we do not have an advocate that speaks the language, we defer to for-fee interpretation services that are contracted internally throughout our agency”. The most frequent language resources that five organizations identified include translators or interpreters from other organizations or the community that they bring in. For example, one organization noted a collaboration with the University of Findlay where “the University of Findlay will send [a translator] here” to assist with clients who need translation services. Out of the 7 organizations interviewed, 6 of them indicated that most clients speak English. The second most common language accommodated for at the interviewed organizations was Spanish. Only one of the organizations specifically mentioned Somali, Arabic, or Asian languages as being encountered at the organization.

Question 10 asked the organizations, “What if a client has complex medical need? Can/does your shelter serve them? What tools are included?”. The predicted responses, or pre-coded responses, for this question included “cannot serve”, “refer them somewhere else”,

“accommodate with limitations”, “nurse/aid provided”, and “health care services on site”. Six out of the seven organizations indicated that they can provide accommodations to some extent but that it will be limited. One organization noted, “We’ve had home health come in with some clients and we try to do the best we can, but let me say this: in our 6-county area, resources are slim”. Therefore, this organization noted the lack of resources, staff, and time to properly care for individuals with complex medical need. Additionally, organizations discussed the lack of accessibility of their facilities to those with certain medical need. One organization noted a potential barrier for clients when it indicated, “If they are wheel chair bound, they have to stay on the first floor of the area on our main floor to sleep and then we will start making calls as soon as we can find other placements”. This sentiment has been echoed repeatedly throughout interviews, that organizations will not turn away IPV survivors with complex medical need, but there are limitations on the services and assistance that they can provide. This is highlighted by another organization who said, “If they need something small addressed by a nurse, we can handle that. But when it comes to those more frail issues, we are not so great”. These organizations have a high volume of clients with a low volume of staff, space, resources, and funding making it difficult to serve those who are in need of IPV services or shelter.

Continually, organizations were asked, “What if the client has children that also need services? Can/does your shelter serve them? Are there any gender or age restrictions?”. Fortunately, every organization indicated that they can and do accommodate children under the age of 18 who come in with a parent. One organization specifically said once they are over the age of 18, they will try to see if there are other resources or services that they can refer to and if the child of the survivor cannot go elsewhere, then they will be placed in a different “spot as the

younger children” in order to increase safety. Besides this specificity, no other organizations indicated restrictions for children who accompany survivors in need of services.

Sources of Funding

In order to better understand the sources of funding for these organizations, executive directors were asked, “What is your main source of funding?”. Some predicted responses as evidenced through the literature helped to create the preset codes such as “foundations”, “VOCA”, “mental health funding”, “Medicaid”, and “no state funding”. Two of the organizations interviewed indicated that they utilize foundations. One organization discussed how “The Osteopathic Heritage Foundation has approved a \$2 million lead gift to Lutheran Social Services of Central Ohio”, which helps fund some of its services. Three organizations also responded specifically with VOCA as one of their funding sources. Two out of the three noted that a sizeable piece of their funding comes from VOCA, while the other organization claimed, “Occasionally, we receive VOCA funds”. Only one organization mentioned billing Medicaid or receiving services through mental health agencies. This organization stated, “There’s a levy through our mental health board and we are receiving funding through that as well”. An emerging theme from this question that was not found in the literature was funding through marriage dissolutions, birth certificates, and death certificates. This is the only source of state funding that organizations mentioned. One interviewee went into further detail explaining, “We get no money out of the state of Ohio except for that we get on the marriage dissolution fees and then several years ago they added a fee to birth and death certificates...but they went and said, ‘that money has to go to shelters or to a shelter program’”. Organizations discussed how the fee is gathered at the Attorney General’s office and twice a year they divide that by however many shelters there are in the state. However, some counties serve multiple counties or are larger

organizations but are not properly compensated additionally for that work. When asked how much funding this provided, one organization responded, “In the fiscal year 2017, we received a little over \$75,000 total”. Although this does not provide all of the money necessary for operating costs, it provides some assistance. Another organization lamented on their lack of funding, stating that “It costs about \$400,000 per year to run. We will have to see people, we will have to have laundry detergent, and we still have a \$4,000 a month utility bill” whether or not funding is provided. As a whole, every organization interviewed had diverse funding streams that consist of private and public grants and assistance. Two organizations specifically mentioned working with United Way to receive some funding as well. As one organization summarized, “We have local companies here...and then private donors that will leave their estate to us or they’ll donate so much a year or so”. All and all, these organizations have to seek out more than one source of funding from both private and public spheres. Because of this, many organizations noted dedicating much time to obtaining donations and applying for grants in order to continue functioning in the community.

Organizations were also asked the hypothetical question, “If someone were to donate a large amount of money to your organization, what would you put that money towards?”. The two most frequent responses by organizations interviewed were operating costs and fixing the facility already in use. Only one organization indicated that they would use the money to increase staff or expand their capital to create a larger or another organization. The three organizations that said operating costs did so in order to highlight their unstable funding streams. This can be furthered evidenced when an executive director mentioned, “A goal of mine is to make sure that we have like a month of operating costs in savings in case something happens to our funding...because if we have a funding gap or something were to happen...that’s a lot of DV

survivors with no place to go”. Other organizations also acknowledged the difficulties associated with some of their existing funding streams, such as Medicaid. One organization said, “If there was a huge amount of money in our laps, we’d stop [billing Medicaid] because it’s kind of a pain” with state reporting requirements. The second most common response was fixing the facility. One organization reflected on the state of their facility, “We need an elevator going up and down. Not only for supplies but for using the other parts of the building. We have a very old building here”. Another organization mentioned installing “lockers for personal belongings” in order to create safer and more trustworthy spaces for survivors to find shelter and trust that their belongings will be properly cared for. Therefore, emerging themes in response to this question included the lack of accessible facilities for those with complex medical health issues and disabilities or mobility issues. Also, organizations indicated that their funding streams are not the most stable and are few, indicating an area of concern for IPV service providers.

County-Level Gaps in Services

Question 8 was asked to executive directors in order to assess gaps in services throughout each of the counties covered by organizations interviewed. The most popular responses were indicated by three out of the seven organizations interviewed and included culturally competent resources, legal/court assistance, reporting between counties, and housing.

One organization described the issues with legal resources as, “There is definitely a lack of interpretation by law enforcement and some social service agencies”. One organization mentioned that in a specific county, “we keep hearing victim’s services turning people away and for various reasons not assisting people with protection orders”. This legal gap is problematic for organizations that are trying to assist survivors and keep them safe from their perpetrator. In

regard to cultural competency, organizations noted various services and groups they tend to see missed out of services.

Another organization noted, “There’s a lack of culturally appropriate counseling and long-term education and programming. There’s also a lack of culturally specific housing options”. Another organization agreed, stating, “There is definitely a lack of interpreting resources available for some of the more uncommon languages...but we find ourselves often serving other immigrant groups because of the lack of culturally appropriate services in our community”. These gaps then result in many groups of people with different cultural needs not seeking out these IPV services. Additionally, one organization lamented the lack of services for me. The executive director noted, “Men are just left out of any type of resources...everything is geared towards women and families, especially women who have children”. Furthermore, one organization noted the difficulties of LGBTQ communities obtaining services in more rural communities. The executive director noted, “You know, I have a county in particular, if you are a same-sex couple, they’re not going to consider that domestic violence”. Surprisingly, only one organization noted transportation as being a major barrier in their county. Lastly, one organization noted the lack of ADA-complaint facilities by mentioning, “We are the only domestic violence agency in our county...I would say that we are not fully [ADA] accessible. Our house is old, so we don’t have a kitchen that’s accessible to someone in a wheel chair”.

Affordable housing has been an issue of contention throughout America with rising costs of rent and without salaries adjusted to inflation. One organization noted, “We no longer have transitional housing here to speak of”. In more urban areas, such as Franklin County, high housing prices has led to a gap in finding affordable housing for survivors trying to establish a life away from their perpetrator. Another organization noted, “In Franklin County it is difficult to

find affordable housing for our folks to be able to leave the shelter and become their safety and stability”. Shelters are not meant to be permanent housing, but with the lack of affordable or transitional housing available, many survivors are being forced to stay at shelters, leading to overcrowding and less resources for those who need it.

Legislative Literacy

Questions 13, 14, 15, 16, 17, and 18 were asked to seek out organization’s legislative literacy and knowledge of state and local level policies relevant to IPV services and clients. Question 13 asked whether or not the organizations follow current policies in the Ohio Statehouse. Two organizations said no, one organization did not respond, and the rest of the organizations indicated that they sometimes or occasionally follow legislation. Half of the organizations mentioned the Ohio Domestic Violence Network as their main source for legislative information. Therefore, most of the organizations interviewed do not possess much knowledge about legislation at the Ohio Statehouse. Question 14 asked the organization’s opinion on the 2018-2019 legislative budget. Two organizations declined to respond, two said they were unsure, and the other four mentioned that there is not enough money in the budget that goes towards IPV services and organizations. One executive director responded, “Well, put us in there! We get no money out of the state of Ohio”. Another lamented on the lack of a line-item in the state budget when saying, “It doesn’t provide for shelters. So, it doesn’t have any strengths, only weaknesses”. The next question asked, “Are staff aware of budget changes that can affect organizations that provide domestic services?”. Two organizations declined to respond, four organizations said yes, and one organization said no. One organization noted, “We keep our staff informed of all issues, all the time...we have weekly staff meetings where we talk about everything from the local level...to what’s happening on the state-level”. On the other hand, an

executive director observed, “Some staff in the domestic violence program are aware, but many are not”. The findings for this question were thus split.

Question 16 asked organizations, “What advocacy and/or legislative work does your shelter engage in, if any at all?”. Three organizations declined engaging in advocacy or legislative work, while the other four organizations claimed to occasionally engage in this type of work, much of the time through the Ohio Domestic Violence Network. One organization justified their response by saying, “We don’t. We’re just busy trying to keep the ship afloat” indicating financial and resource strain. Most organizations referred to efforts organized by ODVN that they have participated in. For example, one executive director responded, “We’ve attended their legislative day...we’ve written letters and made calls to support legislation”. The next question asked, “How has Ohio HB 392 been implemented on the ground? Specifically, at your shelter?”. One organization did not answer, one organization said it has not been implemented, one was not aware of the legislation, and the rest said that it had no effect on their organization. One organization noted, “Yes it did [pass]. But you got to bring it down to the local levels. I have some very rural counties...there is still an issue with implementation”. The reason that most organizations said they saw no effect was because their organization’s policy already had a more open definition of domestic violence like the newer one; therefore, this legislation did not affect all of the organizations directly. Lastly, question 18 asks, “What legislative changes could be made so that your shelter can better service its clients?”. Two organizations declined to answer while the other two answered that they had no suggestions. The other three organizations had numerous recommendations with the most popular being increased funding for IPV organizations. One organization recommended, “They take money out of transportation or take it out of healthcare or drop food stamps or affordable housing...you know it’s hardest on people

who already don't have anything...I think if they would carefully study why people aren't going back to work and tried to legislate when they want to cut entitlement programs...we'd be much better". Some other emerging themes included transportation, job training, legal systems, and implementation.

Collaborative Efforts

Questions 19, 20, and 21 focus on collaborative efforts between similar organizations, between counties, and between other types of resources and service providers. Question 19 asks, "Does your shelter collaborate with other shelters or organizations in the community? What do these collaborative efforts look like?". 100% of the organizations interviewed identified at least one collaborative effort that their organization engages in. The most common types of collaborations identified were resource referrals and a community board or group of organizations. One organization discussed a collaboration they have with a mental health agency. One organization noted, "Within the community there are a lot of collaborative boards we're on, it depends which county you're talking about, and you know my more progressive counties...we have a domestic violence task force where we bring in all the judges, the prosecutor...to talk about what's working and what's not working".

Question 20 asks, "Are there shelters or services you refer clients to more than others? What are the reasons for this?". Housing and shelters were the most common referral services, followed by mental health, then drug treatment services. One organization said, "We hook them up with organizations to see about housing assistance and then we use Department of County Services, especially survivors already getting assistance, we connect them so they can change their address and update their profile with them. So, they can still get their medical and food stamps". Another executive director responded to the vast need for mental health services in their

area, “We partner very closely with the Humane Center for Family Safety and Healing. We have an out-patient counseling program, but there are times where the program has a waitlist so we refer to each other”.

Lastly, question 21 asked, “Is there collaboration between counties?”. The findings were split with four organizations indicating occasionally and three responding yes. One organization responded, “We are so focused on doing the work in front of us that I don’t know if there’s a ton of time for other kinds of collaborations but when a victim needs to get through, other counties will help them out and make sure they get some place safe”. Another organization said, “There’s no talking. These counties are not communicating”. On the other hand, one organization responded enthusiastically, “We’re actually helping out another county that’s next to us and we’re going to help them start up their shelter”.

Chapter 5: Discussion

The purpose of this research is to understand how county and state-level policies and resources effect IPV organizations and resources throughout Ohio and how those impact barriers for survivors trying to access them. The study interviewed 7 different IPV organizations throughout the state of Ohio that service 18 different counties. After the organizations were asked the questionnaire, the interviews were transcribed and coded for themes.

After analyzing the interviews, there were some major and unexpected findings. The results showed that organizations were on two extremes when it came to legislative literacy and political advocacy and collaborations between counties. Additionally, significant gaps most commonly found in services included affordable housing, legal and court services, ADA-compliant facilities, and diverse and competent staff. Lastly, the only state funding that IPV organizations receive are fees collected from marriage dissolutions and birth and death certificates.

Legislative Literacy and Advocacy

Some organizations interviewed displayed much awareness of legislation and policy feedback; on the other hand, others cited rarely following state-level policies and offered no suggestions for new legislative ideas or to improve upon existing laws. This is evidenced by less than half of the organizations responding to any types of improvements or suggestions for the 2018-2019 Ohio Legislative budget, while the other three organizations specifically mentioned the lack of funding in the budget specifically for IPV organizations. These split findings indicate that half of the organizations are aware of legislative activity at the state-level, while the other half remained very uneducated on the issue. In order to create systemic changes, such as legislating for increased funding for these organizations, these organizations require political

power which can be obtained after developing relationships and a presence within the political sphere. Since some organizations do not follow policies and are unaware of new laws on the state-level, it makes it difficult to advocate for best policy practices for IPV organizations and service providers. Furthermore, organizations noted a lack of funding, resources, and staff as reasons for not keeping more up-to-date with the budget and other related legislative activity. Some also were just uncertain or unaware of that information which may result from a lack of resources and education about legislative literacy. Lastly, when organizations were asked specifically about Ohio House Bill 392, some of the organizations had no awareness of the legislation. This is problematic because if organizations are not aware of IPV legislation, how can they ensure that the best legislative course of action are being taken to provide the best quality of care to survivors. Although some organizations noted assistance from the Ohio Domestic Violence Network, this resource is clearly not enough for some organizations who remain unaware of legislative activity at the state level. If organizations do not understand that they do not receive a line item from the state budget and think that is appropriate, it will make advocating for increased resources at the state-level more difficult. In order for organizations to have more resources to provide quality care, they must have a legislative and political presence. This cannot be done without education on how to understand legislation, track that legislation, and analyze it.

When asked about advocacy work, the organizations were once again split. Those who were aware of legislative activity and budgets at the state-level were also the organizations that identified as engaging or sometimes engaging in advocacy work. The organizations that did not comment on the legislative budget and did not follow legislation at the state-level were the same ones who identified that they did not or sometimes did advocacy work. This suggests a

correlation between legislative literacy and advocacy work. This conclusion is sound because those who understand the political systems and are educated about proper advocacy are the ones who will also be present in the political sphere. Also, because of 501c3 non-profit statuses, some organizations may choose to not answer the question so that they do not appear to be endorsing any political party, candidate, or views.

Collaborative Efforts

Organizations were also split on collaborations between counties, with some citing difficulty collaborating with other counties and the others claiming the opposite. The reasons for this cited by organizations included lack of time and resources, implementation, and a lack of communication between social service agencies, IPV organizations, and legal and court systems. Surprisingly, organizations that served multiple counties were also split. Some claimed that because they are the only service provider in their county, they work with organizations who refer from other counties daily. That organization said because of these daily referrals and interactions, they see the relationship between counties as highly collaborative. However, another organization who is also the sole provider in their county responded that they find difficulty collaborating with and finding services for clients in different counties. The discrimination and high volume in the legal and court systems has been cited as problematic throughout the literature and was confirmed with this organization's response. However, the overall sample of organizations were very split with their experiences of working between counties. By focusing on providing services between counties and increasing communicative efforts, organizations may be able to provide more successful and quicker services to survivors in need.

Collaborative efforts within communities and between organizations within counties are strong within the organizations interviewed. Due to the local funding streams and lack of comprehensive services, organizations have had to grow close connections with their communities and the other organizations and corporations within it.

Gaps in Services

Significant gaps in services as noted by organizations interviewed include affordable housing, legal and court services, ADA compliant facilities, diverse and culturally-competent staff, and drug treatment. The literature discussed all of those except for ADA compliancy. The most emphasized gaps in the literature included legal and court services, and diverse and culturally-competent staff.

Many organizations noted the difficulty of getting survivors to be self-sufficient and live independently from both the shelter and their perpetrator because there is a lack of affordable housing and funding for transitional housing throughout the state. This results in many survivors being stuck in shelters or other temporary housing locations, resulting in much of the survivor's time being spent on finding shelter instead of obtaining legal, mental health, job training, education, or substance abuse treatment that may be necessary for them to have in order to establish themselves and no longer rely on social services for assistance.

As noted by the organizations interviewed, most staff are white women without much education on other languages, cultures, or minority groups. Although organizations identified cultural competency trainings, there are still organizations that lack proper interpretation resources and other cultural considerations. Also, it is difficult to provide inclusive services when the facility is not accessible to those who are not physically mobile or may have limitations with their mobility. As noted by multiple organizations, their facilities are old and do not have

elevators or other services to assist those with wheelchairs or who are unable to use stairs. If an organization is the only IPV service provider in the county and someone needs shelter from their perpetrator who is in a wheel chair, they may not be able to provide that service. This may lead to clients having to travel to other counties or not seeking services at all.

Policy and Practice Implications

Policy implications may include creating a line-item in the state budget to provide a more stable source of funding so that these organizations do not need to spend precious time and resources applying for as many private and public grants and funding streams. Another alternative to a line-item in the state budget may be levies. Although they are not as stable, they may provide another source of funding locally and have a higher chance of getting passed if the organizations have a strong presence in their community. Lastly, if the state could provide funding opportunities for organizations with outdated or non-accessible facilities to get wheelchair ramps and elevators, that could help organizations provide more services for those in needs. If less time is dedicated to obtaining money, organizations can better focus on high quality care for clients and collaborative efforts with other organizations and service providers. Organizations who have the time and resources to engage in advocacy better understand current state policies and their impacts. These organizations are educated about legislative activity and can thus be active in the policymaking process to ensure that survivors' best interests and wellbeing are represented by professionals who work with them every day.

Practice implications may include recruiting and hiring diverse staff to ensure that there is representation of minority groups in service providers because as the literature shows, minority groups do not feel as comfortable navigating formal resources, especially because their identity and cultural needs are not always considered. Cultural competency education and trainings may

also help providers better understand minority groups and provide them with services that make them feel safe, comfortable and understood. Another practice application may additionally include a focus and training on successful collaborations and coalition building with other service organizations in order to lessen the gap in services mentioned. For example, organizations can learn how to collaborate with housing, food, mental health, or other service providers to create programs that can mutually benefit both organizations and their clients.

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